

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-037499

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

9612

STATE FILE NUMBER

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

Registration District No. 318

PLACE OF DEATH
a. COUNTY

ST. LOUIS

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWNLength of stay in 1b
56c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

CHRISTIAN HOSP(DCA)

Inside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE b. COUNTY

MO.

c. CITY
OR TOWN

ST. LOUIS

Inside Limits
Yes ☒ No ☐d. STREET
ADDRESS

5245 BEACON

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

ALFRED

First

B.

Middle

DROEGE

Last

4. DATE
OF DEATH

Month

Day

Year

9-24-1963

5. SEX

M

6. COLOR OR RACE

W

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

2-5-1907

9. AGE (last birthday)

56

IF UNDER 1 YEAR

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

POLICE OFFICER

10b. KIND OF BUSINESS OR INDUSTRY

POLICE

11. BIRTHPLACE (City and state or country)

ST. LOUIS, MO.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

WM. EDW. DROEGE

13b. MOTHER'S MAIDEN NAME

MARY BRADLEY

14. NAME OF HUSBAND OR WIFE

EDNA DROEGE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

EDNA DROEGE

Address

5245 BEACON

18. CAUSE OF DEATH (Enter only one cause per
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Infection of myocardium

INTERVAL BETWEEN
ONSET AND DEATH

30 min.

Conditions, if any,
which gave rise to
above cause (e),
stating the under-
lying cause last.

DUE TO (b)

Arteriosclerotic Coronary Thrombosis

30 min

DUE TO (c)

Atherosclerotic Coronary Artery Disease

1 yr +

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Diabetes Mellitus

420.1

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 10-11-57 to 9-24-63 and last saw him alive on 9-18-63
Death occurred at 5 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Alexander A. Flotte M.D.

22b. ADDRESS

302 Withland Blvd. Bldg.

22c. DATE SIGNED

9-25-63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

BURIAL

23b. DATE

9-27-1963

23c. NAME OF CEMETERY OR CREMATORY

BELLEFONTAINE

23d. LOCATION (City, town, or county)

ST. LOUIS, MO.

(State)

24. FUNERAL DIRECTOR

ADDRESS

SUEDMEYER & SONS 3934 N. 20TH ST.

25. DATE RECD. BY LOCAL REG.

SEP 26 1963

26. REGISTRAR'S SIGNATURE

Lois Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Harry E. Monroe

Licensed Embalmer No. 4495

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.